									10/100402					
Ì	PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
									1 6 8 8 8 3 TCD					
L	· · · · · · · · · · · · · · · · · · ·	CLAIMS A	S FILED - PART I (Column 1) (Colum			umn 21		SMALL TYPE	ENTITY	OR	OTHER THAN			
1	OTAL CLAIM!	· ·	93.		<u> </u>			RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		ľ	BASIC FE	E 385.00	OR	BASIC FEE	770.00		
	OTAL CHARGE	ABLE CLAIMS	13 minus 20=		• 10			XS 9=		OR	X\$18=			
INDEPENDENT CLAIMS			2 minus 3 =		97		٠	X43=		OR	X86=			
M	ULTIPLE DEPE	NOENT CLAIM F	RESENT				+145=		OR	+290=				
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL	385	OR				
\ __ CLAIMS AS AMENDED - PART II									767	70~		THAN		
l	(Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
I₹		CLAIMS REMAINING		HIGH		PRESENT	1	2125	ADDI-]	242-	ADDI-		
		AFTER AMENDMENT		PAID F		EXTŘA		RATE	TIONAL		RATE	TIONAL FEE		
MENDMENT A	Total	. /0	Minus	-02	0_	= .		X\$ 9=		OR	X\$18=			
AME	Independent	. 3	Minus	1	<u>3</u>	<u> </u>		X43=		OR	X86=			
Щ.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1	+290=			
			•			•	l	TOTAL	 	OR	TOTAL			
. /	2-2/06 (Column 1) (Column 2) (Column 3)							DOTT. FEE		JOR	ADDIT. FEE			
	1-2/26	(Column 1)		(Colum		(Column 3)			,					
AMENOMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE		
	Total	- 16	Minus	- 6	20	-0		X\$ 9=	./)	OR	X\$18=			
AME	Independent	. 3	Minus	- <	3_	• 0.	ı	X43= ·	n	OR	X86=			
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+145=,	17,	ÓR	+290=	•		
								TOTAL	7)	l .	TOTAL	_		
(Column 1) (Column 2) (Column 3)								DOIT. FEE	12	, noi	LOOIT. FEE	• • • •		
	<u> </u>	(Column 1)		•										
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE		
Ž	Total	•	Minus			s		X\$ 9=		OR	X\$18=			
AME	Independent	•	Minus			•	r	X43=		OR	X85=	$\neg \dashv$		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=						
• 11	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									ORL	+290=			
	the "Highest Nur the "Highest Nur	nber Previously Pai wher Previously Pa	id For' IN THI Id For' IN TH	S SPACE is I	ess than	20, enter "20."		TOTAL DOTT, FEE			DOIT, FEEL			
1	he Highest Num	ber Previously Paid	For (Total o	Independen	t) is the	highest number	founi	d in the app	ropriate box	in colu	mn 1.	· .		